PLANNING FOR AN AGING SOCIETY

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PLANNING FOR AN AGING SOCIETY

A. INTRODUCTION: A CHANGING POPULATION STRUCTURE

Demographic projections remain subject to many uncertainties, including government immigration policies, social norms affecting the raising of families, and the vagaries of internal migrations as a function of changing regional economic conditions. However, because most of Canada's future senior citizens are now living as adults, the range of demographic possibilities can be narrowed to suggest that by the turn of the next century, 12 percent of this country's population will be over the age of sixty-five.[1]

In relative terms, this means a 90 percent growth in the number of persons aged sixty-five and over in the period 1971-2001. That rate of growth will further increase 340 percent by 2031. In absolute numbers (Table 1), there will be three million persons over sixty-five by 2001, and approximately five million by the third decade of the twenty-first century.

The number of very old in Canada will also rise. This increase of individuals over seventy-five "will go from three quarters of a million in 1976 to 1.5 million in 2001, and will continue to rise rapidly until 2041 when its size may reach between 3 and 4 million. These 75 and over citizens will comprise approximately 50-55% of those aged 65 and over by 2041."[2]

TABLE 1

CANADA'S POPULATION 65 YEARS AND OVER: 1971-2031

PROJECTION 'B'

YEAR	POPULATION 65+	PERCENT OF POPULATION
1971	1,744,400	8.1
1981	2,272,300	9.3
1991	2,916,000	10.5
2001	3,341,800	10.9
2011	3,793,800	11.4
2021	4,984,500	13.9
2031	6,142,700	16.1

Note: Projection B. Fertility Rate 2.2
Immigration 60,000
Interprovincial Migration 435,000

Source: Health Services for the Elderly - Final Report of a Working Group of the Federal-Provincial Advisory Committee on Community Health (Ottawa: Health and Welfare Canada, August 1976), Appendix B, p. 8

What is most significant about these projected changes in Canada's population structure and, by implication, social and economic policies, is that a shifting emphasis in citizen needs can be anticipated and planned for now. This paper will outline the changing needs of Canada's 'new' population group, and propose that planners can be at the forefront in making the senior side of life as enjoyable as possible.

B. DEMOGRAPHIC CHARACTERISTICS

1. The Dependency Ratio

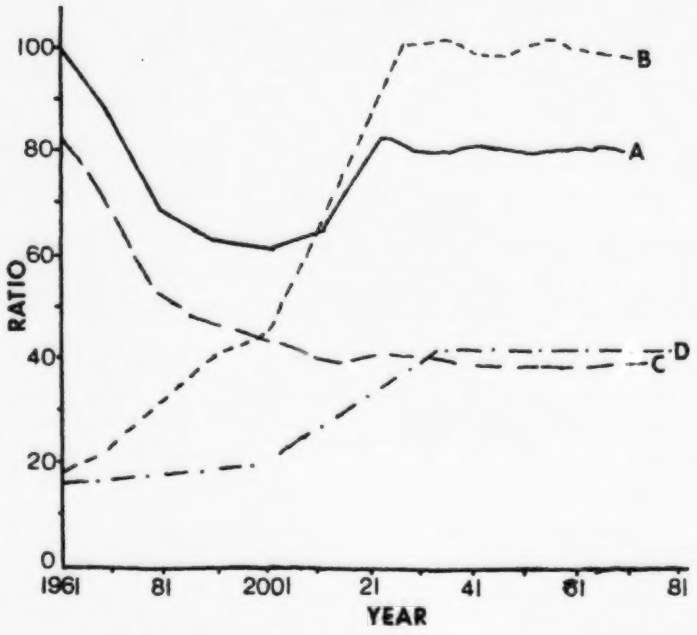
The increasing population aged sixty-five and over is not unique to Canada. A number of Western countries, including Great Britain, France, Austria, East Germany, and Sweden already experience more that 12 percent of their populations in this age category.[3]

However, this change in Canada should be considered in terms of the potential burden which will be placed on the rest of the adult population, since most senior citizens retire from active participation in the labour force. The burden can be explained through the use of a dependency ratio: the ratio is calculated by dividing the population of the broad age group under consideration (i.e., 0-19, or 65+) by the total population aged 20-64. While the total dependency ratio (the ratio of children and aged to the adult population is expected to decline for the rest of the century), the aged dependency ratio is expected to rise steadily until 2031. This means that "for the first time in Canadian history (Figure 1) there will be more people over the age of 65 than from 0-19 years of age."[4]

Figure 1: Dependency Ratios for the Canadian Population, 1961-2001

FERTILITY ASSUMPTIONS

1961 - 2001 180
2011 - 2071 190



A TOTAL DEPENDENCY RATIO
B AGED TO CHILD RATIO
C CHILD DEPENDENCY RATIO
D AGED DEPENDENCY RATIO

CHILD 0-19 YEARS
AGED 65+ YEARS

Source: J. A. Norland, The Age-Sex Structure of Canada's Population. A Profile based on the 1971 Census, in B. T. Widgor, Implications of the Demographic Changes in the Canadian Population Over the Next 25 Years (1978-2003 A.D.)., National Symposium on Aging (Ottawa: (1978), p. 26.

2. The Location of the Elderly

In 1976, over one-half of Canada's elderly population lived in urban centres of 100,000 persons or more, while only 23 percent resided in rural areas.[5] The proportion of elderly also appear to be over-represented in small towns in comparison (13.1 percent - 11.5 percent) to the general population. Of those elderly living in the large Metropolitan centres (53 percent), about 29 percent lived in Toronto, Montreal, and Vancouver.[6]

By 2021, the number of elderly is expected to triple to about 1.6 million persons. While the migration rate of this population group is much lower than the general population, it appears that there is a peak in the rate of migration around the retirement age which may be accounted for by newly retired people returning to their home towns or other centers to live out the remainder of their lives. Further, "some provinces are likely to receive a significant influx of older people and therefore... preparation to meet the changing needs of the (population in these centers) will have to occur quite soon."[7]

3. Sex Ratio

Because women appear to live longer than men, the predominance of women in the over sixty-five age group will have significant implications for society. Women are now becoming more independent in lifestyle, and with the increase in educational and employment opportunities, it appears obvious that women over sixty-five will have different abilities, resources, and expectations during the next century.

C. THE NEEDS OF AN AGING SOCIETY

As people age, they undergo recognizable physiological changes which consequently affect their behaviour, needs, and desires. These physiological characteristics[8] include:

- Changes in posture and height and a loss of muscle power affecting the body's efficiency and ability to perform daily tasks.
- Changes in motor performance resulting in hesitancy, slower responses and mobility.
- Changes in the nervous system, decreasing tactile discrimination, speed of reflexes and recovery of balance, and some impairment of short-term memory.
- Less accurate vision, and adaptation to light change is slower. Peripheral vision is reduced and sensitivity to glare increases. At the same time, the elderly person becomes more dependent on visual cues as other senses deteriorate.
- Changes in sensory acuity, e.g. losses in vision, hearing, speech, smell, taste and touch. Elderly persons do have the capacity to compensate for perceptual losses, and environments can be designed to support this adjustment. Individuals can also learn to cope with a reduced sensory environment.
- Changes in mental acuity including loss of memory (particularly short-term), disorientation in time and place, loss of ability to do simple calculations and reluctance to adjust to change. These may result in substantial changes in behaviour.

The rate at which these changes occur in the individual are, however, far from uniform, and any attempt to link these changes with specific age categories fraught with the dangers of overgeneralizing.

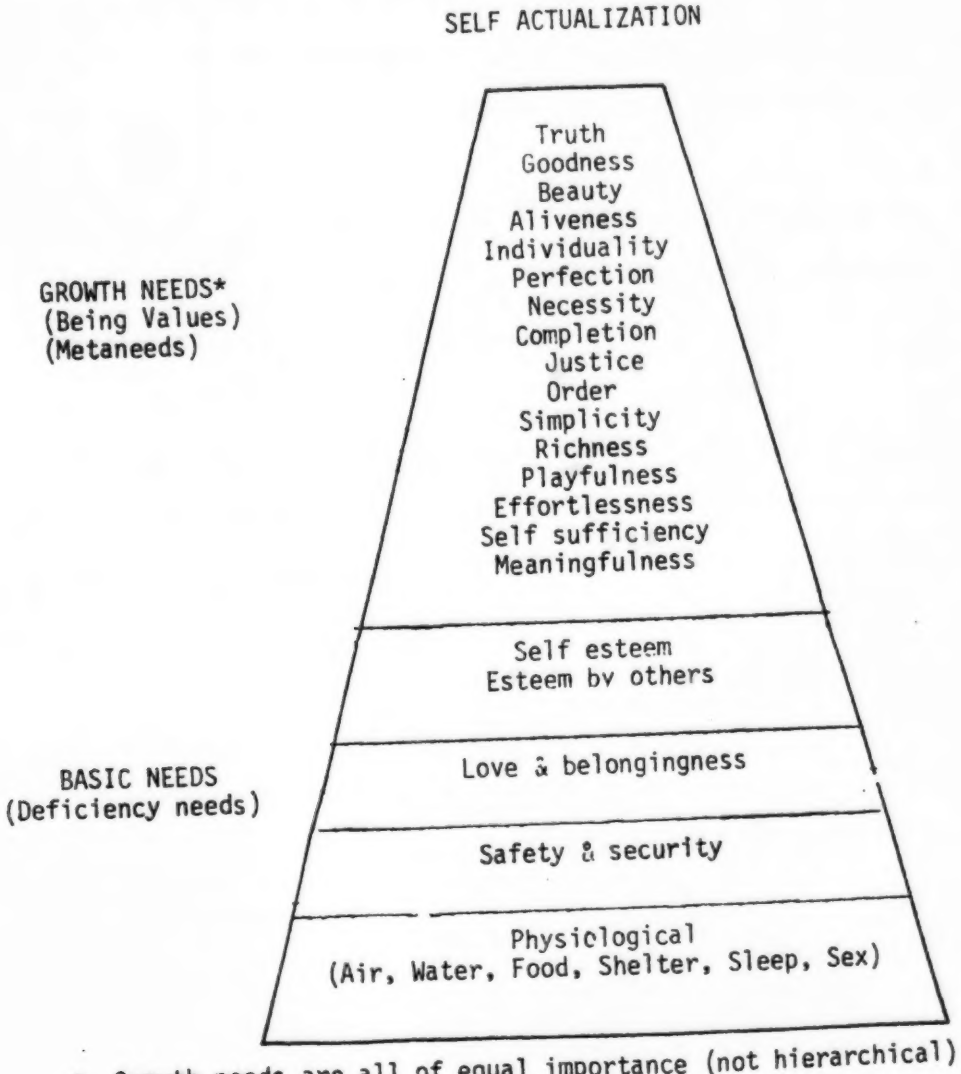
As the ability of the aged individual to meet his/her basic physiological and safety needs changes, the types of services required to meet these needs become vital in determining the nature of the basic quality of life. The types of demands which the older citizens place on society can be viewed within the framework of Maslow's hierarchy of needs. This hierarchy (Figure 2) postulates that the individual seeks to meet lower level needs before he can dedicate his energies to meeting higher order needs.

While the physiological characteristics of an individual change over time, the extent to which the person is capable of meeting basic personal needs also changes. That is, the expression of the basic needs of the individual to meet these needs are redefined. For example, the need for shelter for a young adult usually means either a simple apartment or a small house, if there is a family to be raised. Yet shelter needs for the senior citizen can imply a home which requires little effort in terms of maintenance or cleaning, accessibility to the home which requires little physical effort (i.e. few or now stairs), and a rental structure which accommodates a fixed income.

Safety needs of the older person require that he will seek to feel secure from outside intrusion, and yet have immediate communication with others should he befall an accident. Senior Citizen apartments which have nurse call bells address this type of need.

Love and belong needs imply that the senior should be able to socialize with others relatively easily, perhaps through congregate living, for his ability to physically move about may be reduced.

Figure 2: Maslow's Hierarchy of Needs



* Growth needs are all of equal importance (not hierarchical)

Data from "Hierarchy of Needs" in MOTIVATION AND PERSONALITY, 2nd Edition, by Abraham H. Maslow (Harper & Row. 1970.)

In addressing these and other needs, which will become more numerous as the population of older adults grows in number, planners must address a variety of issues, the resolution of which will determine how successful we are in providing an acceptable quality life for the seniors in our community.

D. PLANNING ISSUES

Government, voluntary sector and private industry agencies have been responding to the needs of the increasing number of older adults in a variety of innovative and established ways. The programs which are being developed range from services which help the elderly maintain their lifestyle as much as possible in their own homes (e.g. meals-on-wheels, homemakers and nurses services, home maintenance programs, transportation and shopping services) to more comprehensive services which provide daily care (Day Care, Home Care, Chronic Home Care, Vacation Care, Residential and Extended Health Care.)

These services are oriented towards the needs of the individual and are provided on the basis of professional assessment of need. However, it will be in the resolution of a few key issues facing planners charged with responsibilities of addressing the needs of the aging society, that will determine the future development of appropriate services.

1 Private Sector vs. Non Profit Service Agencies: A Question of Quality

There is little question that long term care and support services for the elderly will be a growth industry in Canada. A key issue is whether these services will be provided by private industry or by non-profit agencies run by government or charitable organizations. The implications of which sector will play a dominant role are significant.

The private sector argues that it is more cost efficient, can generate tax revenues, and can be sufficiently regulated by government to ensure that quality services are provided.

The arguments favouring non-profit agencies are that dollar-for-dollar, they can provide as good a service as private industry; that they can dedicate more resources to the purpose at hand, (i.e., providing service, since there is no need to return a profit to shareholders); that as publicly funding non-profit agencies, their books are open for all to see and that they are accountable to the communities which support them; and that their prime purpose is to provide needed services rather than return profits, hence the quality of service tends to be superior. This latter point is often made to counter the position of private industry that the quality of service can be regulated. Non-profits claim that quality of life standards are difficult to measure and regulate by government and that the attitude of the agency providing the service becomes especially important in determining the level and quality of the service which will be provided. They argue that the private sector will more readily cut corners in the quality of service in order to maintain profits.

The non-profits also counter the private sector's claim of cost efficency by noting that the private sector tends to provide services primarily to those needing less expensive care, leaving those needing heavier, more costly care in the hands of non-profits.

This issue becomes especially important in terms of determining the future role of privately-operated nursing homes and non-profit homes for the aged in Ontario, since both are long term care institutions supported through public tax funds.

Another area where quality is becoming an issue is in the development of congregate housing for seniors. In Ontario, the private sector is rapidly expanding in the field of rest homes for the elderly needing minimal care services even though the provincial government provides neither funding nor regulations for their operation. Yet when the elderly person's health deteriorates as he ages and the support services become inadequate for his needs, he then becomes a public responsibility requiring care in hospitals, nursing homes or homes for the aged. Thus the quality of housing services provided by the private sector impacts on the extent to which publicly financed services will be needed.

The private sector vs non-profits issue that becomes a question of which type of management promotes the kind of quality that will reduce or increase costs for government in the health care field. The appropriate mix of non-profit and private sector service agencies thus becomes a major question of public interest.

2. Provision of Adequate Funding

Older adults tend to use public health and social services at a higher rate than the rest of the population (other than young children).[9] As the number of elderly grows, the cost to provincial governments, which have the constitutional responsibilities for health and social services, will become increasingly burdensome. While savings can be made by expanding the preventative service sector (i.e., health and social services which meet the needs of the elderly in their own homes thereby reducing the future need for more expensive institutional care), home support services cannot replace institutional care as effective and appropriate service providers. Indeed if home support services are provided as the sole alternative to institutional care, the costs would even be greater.[10] Since expanding home support services cannot replace existing institutional care entirely, government officials tend to view these programs not as cost savers but as costly add-ons to an already over-strained health and social service budget. Provinces are looking to other levels of government to help out. Municipalities, however, are finding that their tax base is too limited to take on the responsibilities of expanded social services without even considering health care programs.

This leaves the Federal government as the only level of government capable of raising sufficient revenues to ensure that the necessary services are funded. Recent Federal budget announcements have indicated a reduced role for Federal government cost-sharing in social and health programs. How far the Federal government pursues this policy will determine to a great extent whether provincial governments will have sufficient funds to provide the needed services.

3. Coordination of Services

Gerontologists have identified the interrelationships between the wide variety of health, social, recreational and housing services which meet the needs of older adults. Their research has shown how the provision of social services will reduce the need for health care and how recreational, social and health services can supplement a housing facility to retard and reduce the need for institutional care.

In most provinces these services are regulated and funded by separate Ministries and services are provided by a multitude of agencies at the local level. Many are operated by government, others by voluntary sector agencies, and still others by the private sector.

In addition to the special professional expertise required to provide these services, inter-Ministry, and inter-agency jealousies often forestall attempts at effective coordination of these services. This often results in duplication of service gaps in service provision. Another problem is that agencies tend to serve clients to the extent that they fit the service model, rather than provide the services which the individual needs. This can mean that in some cases needed services are not provided while other services are made available although not needed.

A further problem is that as the needs of the individual change over time, the older adult may not readily be able to receive the new services needed, as there is no central planning undertaken to ensure that the appropriate services are available.

Two approaches have been taken by social and health planners to deal with these problems. One is the development of health and social service complexes under an integrated management. These usually include a mix of a recreation and social-centre, an adult day care centre, apartment units where minimal care services are provided, and designs to complement the physical capabilities of the elderly (e.g. slow elevators, lack of barriers for wheelchairs, grab bars and railings, adequate lighting, contrasting colour schemes, etc.), homes for the aged and nursing homes and chronic care hospitals. An older adult who will make use of the services in these complexes can have access to the more intensive, high order services as the individual's own abilities deteriorate and he requires increasingly more support. Due to the large size of these complexes, they are more likely to have the resources available to be flexible in the types of care provided and can thereby respond to the changing needs of the individual.

This kind of complex is modelled on the continuum of care concept, where continuous care is provided as the individuals needs change. Prominent examples include the Baycrest Centre for Geriatric Care in Toronto and the facilities operated by the Unionville Home Society in Unionville, Ontario.

The second approach to improve the coordination of various services is through the operation of an assessment -- placement service or placement -- coordination service. These are referral agencies which guide the older adult to the appropriate agencies which can furnish his needs. Some of the difficulties these agencies have faced, however, are that many direct service agencies, especially those operated by the private sector (e.g. nursing homes in Ontario) insist on the right to refuse care where the cost of such care will undermine their profit margin or financial security.

As these coordination service agencies have neither any authority to enforce placements nor any funding authority to ensure that the service agencies have adequate resources to meet needs, the individual can become caught in a squeeze between one agency not capable of providing sufficient care and no other agency willing to provide the necessary care of having the resources available to do so.

As the number of elderly increase over the next 25-50 years, the complexities of coordination will also increase. Developing an increased number of integrated complexes is one solution to these problems. Increasing the power of the central placement agencies is another potential route for planners to consider.

4. Planning Agencies

Perhaps the most important step that governments are taking to address the needs of the growing number of elderly is to establish central planning agencies responsible for the aged. This approach is gaining increasing support.

The Federal government recently established a National Council of Aging and an Office on Aging. Provincially, the Ontario government has its Advisory Council on Senior Citizens. This Council recently has called for the establishement of a new provincial agency which could oversee the provincial government's policies and programs regarding the aged. While the Ontario government used to have an office on Aging under the Ministry of Community and Social Services, this agency was disbanded and the current Ontario government has not yet responded to the Advisory Council's recommendation.

At the local level, the Region of Niagara provides a wide range of social and residential services under the auspices of its Senior Citizens Department. The Planning and Development Unit and the Institutional Services Division of the Metropolitan Toronto Department of Social Services have taken on the responsibility of planning for and developing programs for the older adult population of Metro Toronto. Many District Health Councils and Social Planning Councils have also established committees which are examining the needs of the elderly and are recommending the development of appropriate policies and services.

However, these planning agencies are not empowered to implement their plans, but only pass their recommendations on to the appropriate Ministries concerned. Unfortunately there is little evidence that the Ministries themselves are undertaking comprehensive coordinated planning. Perhaps it is only when those which do the planning can exert the appropriate influence on those which provide the programming will the other issues be resolved.

E. ROLE FOR PLANNERS IN AGING SOCIETY

There is a definite role for planners in preparing society for the expected increase in aged population. It is, after all, the planner's professional responsibility to guide and help society adapt and meet the challenges of the future. The planner has the professional training to understand the nature of these changes and to aid in the development of the policies which will meet these new needs.

There are several important factors which will characterize the changing needs of the future aged society. First, as there will be more older people, there will be a higher demand for those services which help these individuals meet their needs. With the increase in demand for more medical care and social services, planning can ensure that the funding base is sound and that these services are in place, especially if the preventative services which can reduce the need for expensive and unwieldly institutions, are to be developed.

Secondly, the older citizen of 2001 will have different abilities, resources and experiences in contrast to the senior citizen of today. Employment and educational experiences will be different. Exposure to information and media sources will be greatly enhanced. Future older generations will have higher expectations than previous generations. There has been a singularly rapid change in standards governing the quality of life. Differences in living styles are now apparent. Incomes, public health and housing quality has improved and will continue to do so. If we continue to believe in the principle of equity, we will want these benefits to be enjoyed by all. Planners have a special responsibility to be sensitive to these changes.

Thirdly, the rapid increase in the number of elderly might lead to a strong voting block. Seniors will argue in the future, as they do now, that they have a right to these services, for they have contributed their share to development of the country. It is time they receive a return on their investments of taxes and employemnt. Politicians responsive to this constituency will look to planners for guidance on how their needs can be met.

If we are going to be successful in meeting the challenges of the aging society, we will have to begin now to build the research base, the planning organizations and the political will to undertake the necessary program development.

It is not as if we can hope that this phenomenon will go away, for the changing population structure is a virtual certainty. But perhaps the best reason to start planning now for these changes is enlightened self-interest. For in the not too distant future, we will be the elderly population of Canada.

FOOTNOTES

1. B.T. Widgor, "Implications of the Demographic Changes in the Canadian Population Over the Next 25 Years", Paper prepared for the National Symposium on Aging, (Ottawa, 1978), p. 4

2 Ibid., p. 7

3. Ibid., p. 5

4. Ibid.

5. N. Shulman, "The Aging of Urban Canada", in Aging in Canada Social Perspectives, Marshall,Fitzhenry and Whiteside, ed., (Toronto: Marshall,Fitzhenry and Whiteside, Ltd., 1980), p. 30

6. Ibid.

7. Ibid., p. 34

8. P. Cluff, Nursing Homes and Hostels with Care Services for the Elderly, Design Guideline, (Ottawa: Canada Mortgage and Housing Corporation, 1979).

9. F. T. Denton and B. G. Spencer, "Health Care Costs When thePopulation Changes", in Aging in Canada Social Perspectives, Marshall, Fitzhenry and Whiteside, eds., (Toronto: Marshall, Fitzhenry and Whiteside, Ltd., 1980).

10. F. T.Denton and B. G. Spencer, "The Need for a National Policy to Better Provide for the Elderly", Report to the Congress by the Comptroller General of the United States, (Washington, D.C.: United States Government Printing Office, 1977).

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